



BERKELEY COUNTY Elections and Voter Registration

Melody Goggin – Poll Workers

BECOME A PART OF THE ELECTION PROCESS ON ELECTION DAY

The Berkeley County Board of Elections and Voter Registration is always looking for new Poll Managers to staff precincts throughout Berkeley County. Poll Managers have a unique opportunity to serve the community, meet their neighbors and become involved in the democratic process. They are also compensated \$160 for each election they work. It will take approximately **30 BUSINESS** days for you to be paid for working.

Election Day duties include: processing of voters, ballot distribution, activation of the voting system, compliance with election law and procedures and general assistance to voters.

In order to apply, YOU MUST:

- Be a registered voter in Berkeley County, or an adjoining county (Dorchester, Charleston, Georgetown, Williamsburg and Clarendon County, or aged 16 or 17 years old.
- Be willing to attend a Poll Manager training session (2 hours)
- Be prepared to work the ENTIRE Election Day, from 6:00 AM until approximately 7:30 PM, maybe longer
- Be non-partisan and neutral when working an election (cannot be an elected official).
- **Physical Requirements:** standing, bending, stooping, lifting approximately 40 lbs, normal vision and manual/physical dexterity.
- **Technical Requirements:** be able to use a lap top computer and mouse to process voters
Election Day

If selected to work, you will be required to provide a copy of your driver's license and social security card, this will be added to the Election worker application that must be completed prior to working on Election Day.

When your completed application is approved you will be added to our mailing list. We will keep you informed of upcoming Poll Manager Training Sessions and Elections. Please note there is no guarantee that you will be chosen to work every election held in Berkeley County and you may be required to work in a precinct outside your home voting precinct.

For further information about working the polls, contact the Precinct Coordinator at melody.goggin@berkeleycountysc.gov or 843-719-4058.

COMPLETION OF THE FOLLOWING STEPS WILL ENSURE TIMELY AND ACCURATE PAYMENT

All items must be completed and signed in black or blue ink. Absolutely no strike outs or changes are allowed on the W-4 or I-9

1. Poll worker Employment Application
2. Completed signed I-9 form
- 3. Two forms of Identification. Acceptable forms of ID are listed.**
4. Applicant Data record
5. W-4
6. Please complete the SC Retirement form that applies to your current situation.

Missing forms, inaccurate or incomplete information will result in you not being paid in a timely manner. If you need assistance, please call or visit the Elections and Voter Registration office located at 6 Belt Dr. Moncks Corner.
Call 843-719-4058

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record
	6. Military dependent's ID card
	7. U.S. Coast Guard Merchant Mariner Card
	8. Native American tribal document
	9. Driver's license issued by a Canadian government authority
	For persons under age 18 who are unable to present a document listed above:
	10. School record or report card
	11. Clinic, doctor, or hospital record
	12. Day-care or nursery school record
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. Native American tribal document
	6. U.S. Citizen ID Card (Form I-197)
	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**POLL WORKER APPLICATION
BERKELEY COUNTY GOVERNMENT
ELECTIONS AND VOTER REGISTRATION**

POB 6122, 6 BELT DR
MONCKS CORNER SC 29461

BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.

PLEASE TYPE OR PRINT ALL ANSWERS IN INK

PERSONAL DATA

NAME: _____ S.S. # _____
(Last) (First) (Middle)

List any other name by which you have been known: _____

ADDRESS: _____
(Street)

(City/Town) (County) (State) (Zip Code)

PHONE NUMBERS: Home: () _____ Email address _____

Cell: () _____ Pager: () _____ Marital Status: _____

Are you currently employed by Berkeley County Government? Yes _____ No _____

Have you ever been a Berkeley County Government Employee? Yes _____ No _____

Are you currently or have you ever been a member of the South Carolina Retirement System or Police Officers Retirement System? Yes _____ No _____ If yes, indicate the name(s) of your former or current employer(s): _____

Are you currently receiving a monthly check from South Carolina Retirement Systems? Yes _____ No _____ Are you a SC Notary? Yes _____ No _____

Are you a registered voter? Yes _____ No _____

County registered in: _____ Precinct registered in: _____

Voter registration number: _____

Have you ever attended a poll worker training? Yes _____ No _____

Where: _____ When: _____

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

Signature _____

Date _____

HR USE ONLY:

AP# _____

APPLICANT DATA RECORD

BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, VETERAN STATUS OR DISABILITY.

NAME (as appears on Social Security card):

_____ Last

_____ First

_____ Middle

_____ Maiden

Address: _____

_____ Street

_____ City

_____ State

_____ Zip Code

Date of Birth: _____

Age: _____

Position applying for: _____

PS#: _____

Phone: (_____) _____

Date: _____

IN ACCORDANCE WITH EQUAL EMPLOYMENT LAWS, WE ARE REQUIRED TO MAINTAIN STATISTICAL DATA ON ALL APPLICANTS. WE ASK FOR YOUR COOPERATION IN COMPLETING AND RETURNING THIS VOLUNTARY FORM. THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION AND NOT USED IN THE INTERVIEWING OR SCREENING PROCESSES. WE APPRECIATE YOUR COOPERATION.

CHECK ONE: ☐ Male ☐ Female

How did you hear about this job?

CHECK ONE: ☐ White (Not Hispanic or Latino)

☐ Black (Not Hispanic or Latino)

☐ Hispanic or Latino

☐ Asian (Not Hispanic or Latino)

☐ American Indian/Alaska Native (Not Hispanic or Latino)

☐ Two or More Races (Not Hispanic or Latino)

☐ Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

CHECK ONE:

☐ County Employee

☐ Job Line

☐ Website

☐ Newspaper Ad

☐ Office Visit

☐ Job Service



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR GENERALIST	
Last Name (Family Name) BROWN		First Name (Given Name) BETTY R	Employer's Business or Organization Name BERKELEY COUNTY GOVERNMENT	
Employer's Business or Organization Address (Street Number and Name) 1003 HWY 52		City or Town MONCK'S CORNER	State SC	Zip Code 29461

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div><ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
For accuracy, complete all worksheets that apply. <div><ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div>			

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2016			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$9,000	0
6,001 - 14,000	1	9,001 - 17,000	1
14,001 - 25,000	2	17,001 - 26,000	2
25,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 75,000	5
44,001 - 55,000	6	75,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

NOTICE!!!!

Attached are South Carolina Retirement Systems Forms for your completion. Please complete the form that is applicable to you.

Form 1100 – SCRS/PORS Enrollment Form

Note: Complete this form if you are actively enrolled in the SC Retirement Systems and have not retired.

Form 1104 – SCRS/PORS Non-Election Form

Note: Complete this form if you have never enrolled or made contributions to the SC Retirement Systems.

Form 1114 – SCRS/PORS Retiree Return to Work Form

Note: Complete this form if you have retired through the SC Retirement Systems and currently receiving a monthly check.

Forms should be completed in black ink and signed in blue. If you have questions, please call Gloria Davis at 843-719-4790.

Print or type in black ink and sign in blue ink. Please read the instructions on page 2 before completing this form.

ELECTION OF NON-MEMBERSHIP

State Budget and Control Board
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

SECTION I**EMPLOYEE INFORMATION**

If you currently have funds on deposit in the Retirement Systems, you may not elect non-membership.

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number	
4. Address			5. City	6. State	7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date of Employment	11. Position Title		12. Present Monthly Salary

SECTION II**EMPLOYEE CERTIFICATION AND SIGNATURE**

I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire). An employee who elects non-membership may not later opt into State ORP if the 30-day window of election has expired; however, if an employee experiences a break in service and is rehired, he would again be eligible to make an election within 30 calendar days from the subsequent date of hire.

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since I have elected non-membership.

I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee Signature: _____ Date: _____

SECTION III EMPLOYMENT CATEGORY (TO BE COMPLETED BY THE EMPLOYER)

If the employee's position qualifies him or her to elect non-membership, please mark the appropriate box. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership.

CATEGORY (SEE DESCRIPTIONS ON PAGE 2)	SCRS	PORS	GARS
Non-Permanent Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Membership - Exemptions Authorized by the Retirement Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected Official Earning \$9,000 or less per Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Earning Less than \$2,000 and working fewer than 1,600 hours in a Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active General Assembly Member retired under JSRS or receiving GARS benefits at age 70 or after 30 years service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired Justice/Judge returning to work for public institution of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to elect non-membership.

Employer Name: _____ Employer Code: _____

Employer Signature: _____ Date: _____

Title: _____ Work Telephone: _____

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800

Print or type in black ink
and sign in blue ink.
Please read the
instructions on Page 2
before completing this
form.

RETIREMENT PLAN ENROLLMENT
State Budget and Control Board
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

ACTION REQUESTED (Check One):

- ☐ NEW ENROLLEE (First-time membership)
☐ OPEN ENROLLMENT (Irrevocable election from State ORP)
☐ CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
☐ CHANGE OF INFORMATION
☐ Name (Prior Name): _____
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
☐ Address _____
☐ SSN (Old Number): _____
☐ Date of Birth _____

SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

1. Last Name & Suffix			2. First/ Middle Name			3. Social Security Number (ATTACH A COPY OF YOUR SOCIAL SECURITY CARD.)			
4. Address				5. City		6. State		7. ZIP+4	
8. Sex M=Male F=Female	9. Date of Birth		10. Telephone Number		11. Have you ever been a member of the South Carolina Retirement Systems? <input type="checkbox"/> No <input type="checkbox"/> Yes		12. If item 11 is "Yes", indicate the name(s) of your former employer: Did you withdraw your contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes		
13. Do you currently have a pending refund request? <input type="checkbox"/> No <input type="checkbox"/> Yes				14. Are you now receiving or have you applied to receive a monthly benefit from any of the Retirement Systems' retirement plans? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process					
15. Retirement Plan Election (CHOOSE ONE) <input type="checkbox"/> SCRS <input type="checkbox"/> PORS (See Instructions) <input type="checkbox"/> State ORP (If State ORP, please complete item 16.) <input type="checkbox"/> GARS - Senator (100.01) <input type="checkbox"/> GARS - Representative (100.02) <input type="checkbox"/> JSRS - Judge (001.00) <input type="checkbox"/> JSRS - Solicitor (002.00) <input type="checkbox"/> JSRS - Circuit Public Defender (003.00)						16. Select ORP Vendor <input type="checkbox"/> VALIC <input type="checkbox"/> MetLife <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> The Hartford			

17. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until the Retirement Systems receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 15 above.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee's Signature _____ Date _____ Witness _____
(Required only when signed by mark)

SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

A COPY OF THE EMPLOYEE'S SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS FORM TO ENROLL THE MEMBER. THE NAME ON THE SOCIAL SECURITY CARD MUST MATCH THE NAME LISTED IN ITEMS 1-2 IN SECTION I OF THIS FORM.

18. Employer Code		19. Employer Name		20. Please indicate if you are the employee's primary or secondary employer. (Annual member statements are sent to primary employers for distribution to members.) <input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer			
21. Original Date of Hire with Employer listed in Items 18-19		22. Date of Membership		23. Employee's Position Title		24. Employee's Annual Salary	

25. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.

Employer Signature _____ Date _____ Work Telephone Number _____

Form 1114

Revised 07/11/2005

Page 1

Print or type in black ink and sign in
blue ink. Please read the instructions on
page 2 before completing this form.

NOTIFICATION OF EMPLOYED RETIREE

State Budget and Control Board
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

SECTION I**EMPLOYEE INFORMATION**

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number	
4. Address			5. City	6. State	7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date Returned To Work	11. Position Title		12. Present Monthly Salary
13. Date of Retirement			14. System Retired Under <input type="checkbox"/> SCRS <input type="checkbox"/> PORS		

SECTION II**EMPLOYEE CERTIFICATION AND SIGNATURE**

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I am a retiree of one of the systems covered by the South Carolina Retirement Systems. As a retired member returned to covered employment, I understand that I am required to pay contributions at the same rate as active members. I also understand that I will not accrue any additional service credit. However, the contributions will be credited to my account and upon my death, any remaining contributions that have not been exhausted through benefit payments will be paid to my beneficiary.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment.

I also certify that the information provided in items 1-14 of Section I of this form are true to the best of my knowledge and belief.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee Signature: _____ Date: _____

SECTION III**TO BE COMPLETED BY THE EMPLOYER**

The individual must be retired from the South Carolina Retirement Systems (includes SCRS TERI participants) or the Police Officers Retirement System. A retired SCRS or PORS member that returns to covered employment must make the same member contributions as an active employee. The employer must also make the same employer contributions for a retiree that is currently employed as they make for an active employee. The contribution rate should be based on the system in which a member is retired under. For example, a PORS retiree that returns to work under a position that would normally qualify as an SCRS position will contribute at the PORS rate. If a working retiree is receiving annuity benefits from both SCRS and PORS, retiree contributions should be reported based on the system for which an active member in the position would normally contribute.

Please indicate which system the member will be contributing: ☐ SCRS ☐ PORS

I hereby certify that the employee listed in items 1-2 of Section I of this form is a retiree returning to covered employment.

Employer Name: _____ Employer Code: _____

Employer Signature: _____ Date: _____

Title: _____ Work Telephone: _____

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800